

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Baxter Healthcare Political Action Committee

ADDRESS (number and street)

1501 K Street, NW

☒Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00117838

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2006

through

08

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sarah Creviston

Signature of Treasurer

Electronically Filed by Sarah Creviston

Date

11

28

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Baxter Healthcare Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2006	43452.73
(b) Cash on Hand at Beginning of Reporting Period	45265.05	
(c) Total Receipts (from Line 19)	7776.65	56588.97
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	53041.70	100041.70
7. Total Disbursements (from Line 31)	2000.00	49000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	51041.70	51041.70
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6656.36	54367.01
(i) Itemized (use Schedule A)		
(ii) Unitemized	1120.29	2221.96
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	7776.65	56588.97
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	7776.65	56588.97
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7776.65	56588.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7776.65	56588.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	49000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2000.00	49000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2000.00	49000.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7776.65	56588.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7776.65	56588.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
Joy A Amundson
Mailing Address 110 W. Onwentsia Road

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
CVP, Pres BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3295.60

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29868

Amount of Each Receipt this Period

390.00

Receipt

Payroll Deduction: (195.0-
0/Pay Period)

B. Full Name (Last, First, Middle Initial)
Michael J Baughman
Mailing Address 5343 N Lakewood Avenue

City State Zip Code
Chicago IL 60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
CVP, Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29890

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

C. Full Name (Last, First, Middle Initial)
Donna Campagna
Mailing Address 30922 St Andrews Drive

City State Zip Code
Libertyville IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP, Baxter IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29866

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (20.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

630.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Edward Conrad		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 113 S Waverly Pl		Transaction ID: 60901.C29888
City Mt Prospect	State IL	Zip Code 60056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 119.06
Name of Employer Baxter International Inc.	Occupation Dir, Tax	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1001.09	Payroll Deduction: (59.53- /Pay Period)

B. Full Name (Last, First, Middle Initial) Sarah Creviston		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 717 North Maple Ave.		Transaction ID: 60901.C29883
City Palatine	State IL	Zip Code 60067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 151.36
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP, Government Affairs	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1264.96	Payroll Deduction: (75.68- /Pay Period)

C. Full Name (Last, First, Middle Initial) Margarita Cruz-casse		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address Violeta 153, San Francisco		Transaction ID: 60901.C29904
City San Juan	State PR	Zip Code 00927
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 79.96
Name of Employer Baxter Healthcare Puerto Rico	Occupation Dir, Logistics	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	Payroll Deduction: (39.98- /Pay Period)

SUBTOTAL of Receipts This Page (optional)

350.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Robert M Davis			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 6	
Mailing Address 21515 Hummingbird Court			Transaction ID: 60901.C29891	
City State Zip Code Kildeer IL 60047			Amount of Each Receipt this Period 230.76	
FEC ID number of contributing federal political committee. C			Receipt	
Name of Employer Baxter International Inc.		Occupation CVP, Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1409.11		
B. Full Name (Last, First, Middle Initial) Mayra Diaz-jimenez			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 6	
Mailing Address Estancias De San Fernando Calle 7			Transaction ID: 60901.C29906	
City State Zip Code Carolina PR 00985			Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			Receipt	
Name of Employer Baxter S. & D. Puerto Rico		Occupation Mgr I, Reg Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00		
C. Full Name (Last, First, Middle Initial) Kevin Freeman			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 1 / 2 0 0 6	
Mailing Address 832 Foxmoor Lane			Transaction ID: 60901.C29863	
City State Zip Code Lake Zurich IL 60047			Amount of Each Receipt this Period 106.44	
FEC ID number of contributing federal political committee. C			Receipt	
Name of Employer Baxter Healthcare Corpora- tion		Occupation VP I, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 793.10		

SUBTOTAL of Receipts This Page (optional)

377.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
James Gatling
Mailing Address 3704 Lindsay Ln

City State Zip Code
Crystal Lake IL 60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
CVP, Global Manufacturing Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2230.40

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29845

Amount of Each Receipt this Period

273.08

Receipt

Payroll Deduction: (136.5-
4/Pay Period)

B. Full Name (Last, First, Middle Initial)
John Greisch
Mailing Address 2636 Chesapeake Lane

City State Zip Code
Northbrook IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
CVP, President - International

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3660.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29902

Amount of Each Receipt this Period

440.00

Receipt

Payroll Deduction: (220.0-
0/Pay Period)

C. Full Name (Last, First, Middle Initial)
Lawrence Guiheen
Mailing Address 1653 Vista Oaks Way

City State Zip Code
Westlake Vilage CA 91361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
President V

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29836

Amount of Each Receipt this Period

70.00

Receipt

Payroll Deduction: (35.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

783.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
James Kamienski

Mailing Address 6312 N Keating

City State Zip Code
Chicago IL 60646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP II, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

847.73

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29848

Amount of Each Receipt this Period

100.94

Receipt

Payroll Deduction: (50.47-
/Pay Period)

B. Full Name (Last, First, Middle Initial)
Edward A Langan

Mailing Address 1605 Highland Avenue

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP II, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29834

Amount of Each Receipt this Period

150.00

Receipt

Payroll Deduction: (75.00-
/Pay Period)

C. Full Name (Last, First, Middle Initial)
Susan R Lichtenstein

Mailing Address 1257 W Wrightwood Ave

City State Zip Code
Chicago IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
CVP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3190.75

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29892

Amount of Each Receipt this Period

378.46

Receipt

Payroll Deduction: (189.2-
3/Pay Period)

SUBTOTAL of Receipts This Page (optional)

629.40

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Matthew Lykken Mailing Address 421 North Wheaton Ave City State Zip Code Wheaton IL 60187 FEC ID number of contributing federal political committee. C Name of Employer Baxter International Inc. Occupation VP, Tax Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 708.97		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60901.C29900 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">101.92</td> </tr> </table> Receipt Payroll Deduction: (50.96- /Pay Period)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	1		2	0	0	6	101.92									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		1	1		2	0	0	6																							
101.92																																
B. Full Name (Last, First, Middle Initial) Brian W Magerkurth Mailing Address 4218 Third Street Lane NW City State Zip Code Hickory NC 28601 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Occupation VP II, Global Supply Chain Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 819.38		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60901.C29869 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">110.52</td> </tr> </table> Receipt Payroll Deduction: (55.26- /Pay Period)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	1		2	0	0	6	110.52									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		1	1		2	0	0	6																							
110.52																																
C. Full Name (Last, First, Middle Initial) Teresita Martinez-santini Mailing Address A-1 Atenas St Repto Flamingo City State Zip Code Bayamon PR 00959 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Puerto Rico Occupation Dir, Quality Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 665.67		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 60901.C29903 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">88.62</td> </tr> </table> Receipt Payroll Deduction: (44.31- /Pay Period)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	1		2	0	0	6	88.62									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		1	1		2	0	0	6																							
88.62																																

SUBTOTAL of Receipts This Page (optional)

301.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeanne K Mason

Mailing Address 1 Baxter Parkway DF 1-2E

City State Zip Code
 Deerfield IL 60015

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter International Inc.Occupation
CVP, HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.55

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29897

Amount of Each Receipt this Period

307.70

Receipt

Payroll Deduction: (153.8-
5/Pay Period)

Full Name (Last, First, Middle Initial)

B. Kevin Mcculloch

Mailing Address 730 Greenwood Avenue

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
General Manager III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

881.68

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29879

Amount of Each Receipt this Period

105.76

Receipt

Payroll Deduction: (52.88-
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Bruce McGillivray

Mailing Address 151 Ridge Lane

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
CVP, President Renal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2010.06

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29875

Amount of Each Receipt this Period

269.24

Receipt

Payroll Deduction: (134.6-
2/Pay Period)

SUBTOTAL of Receipts This Page (optional) ▶

682.70

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
 Frank Monteleone
 Mailing Address 4620 Forest Edge Lane

City State Zip Code
 Long Grove IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baxter Healthcare Corpora-
 tion

Occupation
 VP, Baxter IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1099.56

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29881

Amount of Each Receipt this Period

130.92

Receipt

Payroll Deduction: (65.46-
/Pay Period)

B. Full Name (Last, First, Middle Initial)
 Timothy Murphy
 Mailing Address 14601 N Somerset Circle

City State Zip Code
 Libertyville IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baxter Healthcare Corpora-
 tion

Occupation
 Asst General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.17

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29880

Amount of Each Receipt this Period

45.00

Receipt

Payroll Deduction: (22.50-
/Pay Period)

C. Full Name (Last, First, Middle Initial)
 Peter Omalley
 Mailing Address 563 Greenway Drive

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baxter Healthcare Corpora-
 tion

Occupation
 VP/GM II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29884

Amount of Each Receipt this Period

90.00

Receipt

Payroll Deduction: (45.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

265.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
Shannon W. Penberthy

Mailing Address 3214 Porter Street, NW

City State Zip Code
Washington DC 20008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Dir, Govt Aff & Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29870

Amount of Each Receipt this Period

160.00

Receipt

Payroll Deduction: (80.00-
/Pay Period)

B. Full Name (Last, First, Middle Initial)
Carla Pittman

Mailing Address 5720 Shenandoah Avenue

City State Zip Code
Los Angeles CA 90056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

869.55

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29876

Amount of Each Receipt this Period

103.50

Receipt

Payroll Deduction: (51.75-
/Pay Period)

C. Full Name (Last, First, Middle Initial)
Virginia Pringle

Mailing Address 341 3rd Street West

City State Zip Code
Tierra Verde FL 33715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Mgr II, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.97

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29858

Amount of Each Receipt this Period

57.46

Receipt

Payroll Deduction: (28.73-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

320.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

David P Scharf

Mailing Address 931 Oak Street

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter International Inc.Occupation
CVP, Corporate Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

602.16

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2006

Transaction ID: 60901.C29893

Amount of Each Receipt this Period

88.66

Receipt

Payroll Deduction: (44.33-
/Pay Period)

B. Full Name (Last, First, Middle Initial)

Michael Schiffer

Mailing Address 33741 Shackleton Isle

City State Zip Code
Monarch Beach CA 92629

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1171.59

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2006

Transaction ID: 60901.C29867

Amount of Each Receipt this Period

139.50

Receipt

Payroll Deduction: (69.75-
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Victor Schmitt

Mailing Address 699 Bluff Road

City State Zip Code
Lake Bluff IL 60044

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Pres, Venture Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.50

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2006

Transaction ID: 60901.C29862

Amount of Each Receipt this Period

77.00

Receipt

Payroll Deduction: (38.50-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

305.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Chandra Sekhar Mailing Address 1621 Mission Hills Rd Unit 211 City Northbrook State IL Zip Code 60062 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation VP II, Mfg Strategic Planning Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 738.40			Date of Receipt MM / DD / YYYY 08 / 11 / 2006 Transaction ID: 60901.C29835 Amount of Each Receipt this Period 102.04 Receipt Payroll Deduction: (51.02- /Pay Period)
B. Full Name (Last, First, Middle Initial) Donald Sullivan Mailing Address 910 W Cypress Drive City Arlington Heights State IL Zip Code 60005 FEC ID number of contributing federal political committee. C Name of Employer Baxter International Inc. Occupation VP, Risk Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 680.00			Date of Receipt MM / DD / YYYY 08 / 11 / 2006 Transaction ID: 60901.C29886 Amount of Each Receipt this Period 80.00 Receipt Payroll Deduction: (40.00- /Pay Period)
C. Full Name (Last, First, Middle Initial) Karenann Terrell Mailing Address 914 Queens Lanes City Glenview State IL Zip Code 60025 FEC ID number of contributing federal political committee. C Name of Employer Baxter International Inc. Occupation CVP, Chief Information Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 576.93			Date of Receipt MM / DD / YYYY 08 / 11 / 2006 Transaction ID: 60901.C29896 Amount of Each Receipt this Period 384.62 Receipt Payroll Deduction: (192.3- 1/Pay Period)

SUBTOTAL of Receipts This Page (optional)

566.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joel Tune

Mailing Address 1365 Vos Court

City State Zip Code
 Antioch IL 60002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
General Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29849

Amount of Each Receipt this Period

40.00

Receipt

Payroll Deduction: (40.00-
/Pay Period)

B.

Full Name (Last, First, Middle Initial)

Onelia Vera-littrell

Mailing Address 619 Oleander Drive

City State Zip Code
 Hallandale FL 33009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Asst General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1282.12

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29882

Amount of Each Receipt this Period

153.84

Receipt

Payroll Deduction: (76.92-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Monica Weed

Mailing Address 2026 W. Pensacola Avenue

City State Zip Code
 Chicago IL 60618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 7 / 2 0 0 6

Transaction ID: 60901.C29832

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1193.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Cheryl White

Mailing Address 4069 Mayfield Street

City

Newbury Park

State

CA

Zip Code

91320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

CVP, Quality

Receipt For:

☐ ☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 6

Transaction ID: 60901.C29885

Amount of Each Receipt this Period

250.00

Receipt

Payroll Deduction: (125.0-
0/Pay Period)

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

6656.36

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rangel for Congress

Mailing Address 5575 Manhattanville Station

City State Zip Code
New York NY 10027-

Purpose of Disbursement

Candidate Name
CHARLES B RANGEL

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2004
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: 60810.E718

Date of Disbursement

/ /

Amount of Each Disbursement this Period

0.00

Full Name (Last, First, Middle Initial)

B. Roskam for Congress

Mailing Address 423 W. Wesley

City State Zip Code
Wheaton IL 60187-

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2004
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60901.E721

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00